

# **Exhibit F**



FUTURE ACCOUNT INSTALLMENT SCHEDULE		
Bill Date	Due Date	Minimum Due
06/28/20	07/21/20(current due)	\$418.67
07/28/20	08/21/20	\$411.67
08/28/20	09/21/20	\$411.67

A \$7.00 service fee will be added to each installment bill issued.

#### IMPORTANT PAYMENT-RELATED INFORMATION

We will apply payments received in the following order:

- Past due and audit premium on inactive policies
- Past due premium on active policies
- Past due fees, then
- Current account charges

Alternate payment instructions with your check will not be honored. When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic transfer from your bank account or process your payment as a check transaction.

If you believe you received this invoice in error, please contact us at 1-866-467-8730 so that we can prevent further action.

#### POLICY BILLING DETAILS

Policy Number	Policy Type/Bill Plan/Status	Policy Period	Policy Balance	Minimum Due
84SBARV5801	Business Owners/12 PAY Equal/Active	10/21/19-10/21/20	\$930.39	\$310.13
84WECBW0373	Workers Compensation/12 PAY Equal/Active	10/21/19-10/21/20	\$304.62	\$101.54
	New Fee(s)		\$7.00	\$7.00
			<b>TOTALS</b>	<b>\$1,242.01</b>
				<b>\$418.67</b>

#### PAYMENT OPTIONS

- **Online** at [www.thehartford.com/servicecenter](http://www.thehartford.com/servicecenter). Policies subject to cancellation may not be available in our automated system.
- **AutoPay** automatically withdraws premium payments from your bank account when they're due – ensuring payments are never late and eliminating the potential for late fees. Enroll at [www.thehartford.com/servicecenter](http://www.thehartford.com/servicecenter) or by calling 1-866-467-8730.
- **Payment by phone** allows you to make a one time payment from your bank account by calling our automated system at 1-866-467-8730. Policies subject to cancellation may not be available in our automated system.
- **Mail payment ONLY** along with the remittance stub, in the envelope provided. Allow at least 5 days for delivery. **Do not mail** any correspondence with your payment. Correspondence should be mailed to: The Hartford, 301 Woods Park Drive, Clinton, NY 13323.
- **For Overnight/Express** – send **payments only** to: Remitco – The Hartford #916, 1010 W Mockingbird Lane Suite 100, Dallas, TX 75247.

#### EXPLANATION OF TERMS

**State Surcharges:** Fees that are assessed by your state and local government and paid by The Hartford to the appropriate agency. If a surcharge is applicable in your state, it will be shown separately on your invoice.

**Current Balance:** The total amount due after applying all payments, credits or additional charges received since the last insurance bill.

**New Fee(s):** The total of all fees assessed on the current bill.

**Service Fee:** A fee that is assessed on each installment invoice, except where prohibited by law.

**Address Changes:** Check One:  Mailing address **ONLY**  Mailing address **AND** Physical Location change

Street: \_\_\_\_\_ Effective Date of change: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

